

# **EXHIBIT 5**

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA**

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

Master Docket No.

MDL No. 1968  
SDWV No. 2:08-cv-1002

**PLAINTIFF: ELWOOD BULL**

**PLAINTIFF, ELWOOD BULL'S, AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, **ELWOOD BULL**, by and through his undersigned attorneys, hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you served Defendants with the Plaintiff Fact Sheet on 5/26/09.

**Response:** Denied.

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, Elwood Bull's, Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
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Memphis, Tennessee 38103  
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Respectfully submitted,

By: 

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Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:08-cv-1002

**PLAINTIFF: ELWOOD BULL**  
(name)

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 29, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.

- a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: Attached - Walmart letter of May 2008; Stericycle/Digitek Consumer Return Kit**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: Attached – labels from Digitek tablet dispensers**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: None in plaintiff's possession.**

- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: None in Plaintiff's possession.**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: Not Applicable**
- f. Decedent's death certificate and autopsy report (if applicable). **Response: Not applicable.**
- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.

**Response: Lee Memorial Summary of Charges 2/19/08**

- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.

**Response: None in Plaintiff's possession.**

- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.

**Response: None in Plaintiff's possession.**

- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries

**Response: None in Plaintiff's possession.**

#### **CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, Elwood Bull's, First Supplement to Amended Digitek Plaintiff's Fact Sheet via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
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Respectfully submitted,

By: 

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2 A

**WAL★MART**

Pharmacy

702 SW 8th St.  
Bentonville, AR 72712

9/24/07



Elwood Bull  
1804 SE 13th Ter  
Cape Coral, FL 33990-6818

9708131

w30673 P21083

May 2008

Dear Elwood Bull:

**Re: Urgent Drug Recall**

We are writing to inform you that Actavis Totowa LLC, a United States manufacturing division of the international generic pharmaceutical company Actavis Group, is initiating a nationwide recall of Digitek® (digoxin tablets, USP, all strengths) for oral use. The products are distributed by Mylan Pharmaceuticals Inc., under a "Bertek" label and by UDL Laboratories, Inc. under a "UDL" label.

The voluntary recall is due to the possibility that tablets with double the appropriate thickness may have been commercially released. These tablets may contain twice the approved level of active ingredient than is appropriate.

Digitek is used to treat heart failure and abnormal heart rhythms. The existence of double strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause nausea, vomiting, dizziness, low blood pressure, cardiac instability and bradycardia. Death can also result from excessive digitalis intake. Several reports of illnesses and injuries have been received.

Actavis manufactures the products for Mylan and the products are distributed by Mylan and UDL under the Bertek and UDL labels. Bertek and UDL are affiliates of Mylan.

Our records indicate that you are currently, or have in the past, taken this medication. **If you are currently taking Digitek 0.125mg or 0.25mg tablets, or have a supply on hand, you should contact Stericycle customer service at 1-888-276-6166. Representatives will be available Monday through Friday, 8 am to 5 pm EST. Additional information about the voluntary recall can also be found at [www.actavis.us](http://www.actavis.us).**

This recall is being conducted with the knowledge of the Food and Drug Administration.

Thank you for choosing Wal-Mart Pharmacy.

Sincerely,

Your Local Wal-Mart Pharmacist  
1619 Del Prado Blvd  
Cape Coral, FL 33990  
(239) 772-4900

WM\_0000\_01.1.DE P01 MK30673

If you do not wish to continue receiving patient education mailings call: 1-888-324-8270.



**Consumer's Certification of Inability to Return Digitek® (digoxin tablets, USP)**  
(For consumers who have destroyed or disposed of their Digitek® and cannot return it)

**The undersigned certifies as follows:**

1. I purchased Digitek® as shown on the valid pharmacy receipt submitted to Stericycle.
2. I still had some unused Digitek® in my possession on April 30, 2008.
3. However, I cannot return my unused Digitek® because I destroyed or disposed of it as described below.
4. I request a refund for this product based on the statements and authorization in this document.

**(Please fill in the blanks or check the appropriate boxes below)**

Name and address of pharmacy where Digitek® was purchased: \_\_\_\_\_

Telephone number of pharmacy (if available): (    ) \_\_\_\_ - \_\_\_\_\_

Amount of Digitek® (number of tablets) I still had in my possession on April 30, 2008:

.25 mg \_\_\_\_\_ .125 mg \_\_\_\_\_

**I am unable to return this product because:**

- ☐ I destroyed or disposed of it
- ☐ I returned it to my physician
- ☐ I returned it to my pharmacy but did not get a refund
- ☐ Other (please explain): \_\_\_\_\_

I understand that I cannot receive a refund if I keep any portion of unused Digitek® or if I have already received a refund from any other source for this prescription.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

## DIGITEK® CONSUMER RETURN KIT

Thank you for your recent inquiry regarding the Digitek® (digoxin tablets, USP) product recall. Stericycle is handling all refund requests associated with the Digitek® product recall. Thus, consumers should not ask their pharmacy for a refund and should follow Stericycle's enclosed instructions to process refund requests. Please read the following information carefully and adhere to the requirements pertaining to your situation.

**A. For consumers who are able to return the remaining portion of their Digitek® prescription:**

1. Place the unused Digitek®, in its original pharmacy container (if possible), in the enclosed shipping package.
2. Place your valid pharmacy receipt in the enclosed shipping package. A valid pharmacy receipt includes the name, address, and phone number of the dispensing pharmacy, your name, the prescription number, product name, product strength, quantity of product, the date your prescription was filled, and the amount that you paid out-of-pocket for the prescription. Your prescription must have been filled between March 2006 and April 2008 to be eligible for a refund.
3. Complete and sign the *Consumer Authorization Form* at the bottom of this page and include it in the shipping package.
4. Seal the shipping package and affix the prepaid USPS label to the outside and drop in any mailbox.

**B. For consumers who destroyed or disposed of the remaining portion of their Digitek® prescription:**

**NOTE:** If you have destroyed or disposed of your Digitek® and cannot return it, you may still be eligible for a refund if you have a valid pharmacy receipt (limited to one receipt) as described in #1 below.

1. Place your valid pharmacy receipt in the enclosed shipping package. A valid pharmacy receipt includes the name, address, and phone number of the dispensing pharmacy, your name, the prescription number, product name, product strength, quantity of product, the date your prescription was filled, and the amount that you paid out-of-pocket for the prescription. Your prescription must have been filled between March 2006 and April 2008 to be eligible for a refund.
2. You must complete and sign the enclosed *Consumer's Certification of Inability to Return Digitek®* and include it in the shipping package.
3. You must also complete and sign the *Consumer Authorization Form* at the bottom of this page and include it in the shipping package.  
**Note:** Both the *Consumer's Certification of Inability to Return Digitek®* and the *Consumer Authorization Form* must be signed and returned in order to qualify for a refund if you are not returning the Digitek®.
4. Seal the shipping package and affix the prepaid USPS label to the outside and drop in any mailbox.

**Eligibility for a refund requires a valid pharmacy receipt (limited to one receipt) as described above indicating that your prescription was dispensed between March 2006 and April 2008. If you are not returning product and you do not have a valid pharmacy receipt, you are not eligible for a refund.**

This Consumer Return Kit and required documents must be completed and postmarked no later than **October 31, 2008**, in order to be eligible for a refund. Refund requests may take up to 12 weeks from the time that Stericycle receives the completed Consumer Return Kit.

For shipping assistance and/or questions about the return process, contact Stericycle at 1-888-276-6166.

**CONSUMER AUTHORIZATION FORM: (Signature required)**

I understand that the information I have provided in connection with my request for a refund on Digitek® will be used by Stericycle for any purpose related to my request for a refund. As necessary, Stericycle may contact my pharmacy to process my request for a refund and to verify the information I have provided.


By signing below, I authorize Stericycle to use the information I have provided as set forth above. For such purpose, I understand that Stericycle may provide to my pharmacy a copy of this completed Authorization and all other information I have given to Stericycle to process my request for a refund.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Urgent: Drug Recall**  
**Digitek® (digoxin tablets, USP)**  
**All lots within expiry**

Below is a listing of affected Digitek® product by NDC number.

<b>NDC</b>	<b>Name</b>	<b>Strength</b>	
62794-145-01	Digitek® (Digoxin Tablets, USP)	125 mcg (0.125 mg)	
62794-145-10	Digitek® (Digoxin Tablets, USP)	125 mcg (0.125 mg)	
62794-145-56	Digitek® (Digoxin Tablets, USP)	125 mcg (0.125 mg)	<b>Event 1863</b>
62794-146-01	Digitek® (Digoxin Tablets, USP)	250 mcg (0.25 mg)	<b>ID 23377375</b>
62794-146-10	Digitek® (Digoxin Tablets, USP)	250 mcg (0.25 mg)	<b>ELWOOD BULL</b>
62794-146-56	Digitek® (Digoxin Tablets, USP)	250 mcg (0.25 mg)	

If you have affected product or a valid pharmacy receipt please carefully read and follow the instructions on the attached form and place all necessary forms, completed and signed, in the shipping package with your return.

After ensuring all necessary forms are complete and your shipping package is ready to be mailed, remove the prepaid USPS label from the bottom of this page and affix it to the shipping package then drop in any mailbox.

Please note, if you are not returning product and you do not have a valid pharmacy receipt, you are not eligible for a refund.

**Event 1863**  
**ID 23377375**  
**ELWOOD BULL**



ID# 23377375      Event 1863  
 ELWOOD BULL  
 1804 SE 13TH TER  
 CAPE CORAL FL 33990

POSTAGE DUE COMPUTED BY DELIVERY UNIT  
 POSTAGE \_\_\_\_\_

MERCHANDISE RETURN FEE \_\_\_\_\_

TOTAL POSTAGE AND FEES DUE \_\_\_\_\_

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

**PRIORITY MAIL**

**MERCHANDISE RETURN LABEL**

PERMIT NO. 70005  
 STERICYCLE

INDIANAPOLIS IN 46241  
 2670 EXECUTIVE DRIVE

**POSTAGE DUE UNIT**

US POSTAL SERVICE  
 PO BOX 9998  
 INDIANAPOLIS IN 46241-9998

ID 23377375  
 ELWOOD BULL

Event 1863

STERICYCLE (800) 668-4391 2670 EXECUTIVE DR SUITE A INDIANAPOLIS IN 46241		LTR 1 OF 1	
ATTN: CONSUMER			
SHIP (234) 574-8698			
TO: ELWOOD BULL			
1804 SE 13TH TER			
CAPE CORAL FL 33990			
		<b>FL 339 0-05</b> 	
<b>UPS 2ND DAY AIR</b>			
TRACKING: 1Z E38 095 02 2450 4080		<b>2</b>	
			
BILLING: P/P		N23377375D1863-51178	
URC75.5A 02/2008			

2B

Bill

**Rx only** NDC 51079-945-63  
**DIGITEK® (DIGOXIN TABLETS, USP)**  
**125 mcg (0.125 mg)**  
 30 Tablets

Store at 15° - 25°C (59° - 77°F) in a dry place. Protect from light.

Manufactured by: Amide Pharmaceutical, Inc.  
 Little Falls, NJ 07424

For: Berlek Pharmaceuticals Inc.  
 Sugar Land, TX 77478

Pkg/Distributed by: UCL Laboratories, Inc.  
 Rockford, IL 61103

UDL

Press and hold button on Left side . . .

Pull inner card out from Right side

MYLAN® S-9766

NDC 51079-945-63

**Rx only** NDC 51079 945-63  
**DIGITEK® (DIGOXIN TABLETS, USP)**  
**125 mcg (0.125 mg)**  
 30 Tablets

Store at 15° - 25°C (59° - 77°F) in a dry place. Protect from light.

Manufactured by: Amide Pharmaceutical, Inc.  
 Little Falls, NJ 07424

For: Berlek Pharmaceuticals Inc.  
 Sugar Land, TX 77478

Pkg/Distributed by: UCL Laboratories, Inc.  
 Rockford, IL 61103

UDL

Press and hold button on Left side . . .

Pull inner card out from Right side

MYLAN® S-9766

NDC 51079-945-63

WAL-MART  
PHARMACY1640 E. PRIMA BLVD  
CAPT. JAMES E. JONES

(239) 772-4900

RX: 7652617  
BULL, ELWOOD

ACG 03/03/2008

TAKE ONE TABLET BY MOUTH EVERY DAY

DIGITEK 0.125MG TAB UDL LABS

QTY 90 DISCARD AFTER 02/27/2009

CONRAD, JAMES

May Refill 3 X by 02/27/2009

PLEASE ALLOW 24 HOURS FOR REFILLS  
Rx390WAL-MART  
PHARMACY1640 E. PRIMA BLVD  
CAPT. JAMES E. JONES

(239) 772-4900

RX: 7652617  
BULL, ELWOOD

ACG 03/03/2008

TAKE ONE TABLET BY MOUTH EVERY DAY

DIGITEK 0.125MG TAB UDL LABS

QTY 90 DISCARD AFTER 02/27/2009

CONRAD, JAMES

May Refill 3 X by 02/27/2009

PLEASE ALLOW 24 HOURS FOR REFILLS  
Rx390

2 G

Bull



**LEE MEMORIAL  
HEALTH SYSTEM**

P.O. Box 150107  
Cape Coral, Florida 33915

A Not-for-Profit Hospital  
Licensed by  
The State of Florida

LEE MEMORIAL HEALTH SYSTEM  
239-242-6000 or 800-809-9906  
FAX: 239-242-6082  
Online bill pay at:  
[www.leememorial.org/businessoffice](http://www.leememorial.org/businessoffice)

February 19, 2003

982-2-2\*\*\*\*AUTO\*\*SCH 3-DIGIT 339

|||||

ELWOOD HARRISON BULL  
1804 SE 13TH TER  
CAPE CORAL, FL 33990-6818

ACCOUNT NUMBER:	9458099
PRIMARY INSURANCE: POLICY NUMBER:	MEDICARE 214308551A
SECONDARY INSURANCE: POLICY NUMBER:	SOUTHCARE NETWORK 215361173

M 982

Dear Elwood Harrison Bull

Thank you for choosing Lee Memorial Health System for your health care needs.  
Elwood Harrison Bull was a patient at Cape Coral from 02/08/08 to 02/11/08.  
The following charge summary is provided for your review.

SUMMARY OF CHARGES	
R&C PROG/MO 2DAYS	1394.00 2788.00
PHARMACY	2148.40
MED/SURG SUPPLIES	240.00
LABORATORY	5608.16
RADIOLOGY-DIAG	457.62
CT SCAN	1550.03
EMERGENCY ROOM	1108.28
PULMONARY FUNCTION	1382.23
PHARMACY	865.14
EKG/ECG	188.91
TREATMENT/OBSV RM	1250.00
SUB-TOTAL OF CHARGES	17586.77

The amount due from you will be determined upon receipt of payment from Medicare or your Medicare HMO, and any supplemental insurance you may have presented at the time of registration.

If you have provided us with supplemental insurance information, we will file the claim for you upon receipt of payment from your primary insurance carrier.

If you have any questions regarding this bill please contact Customer Service at 239-242-6000 or 1-800-809-9906 Monday - Friday from 9:00 am - 3:00 pm. You may also contact us on our website at [www.leememorial.org](http://www.leememorial.org).

Please refer to the reverse of this letter for additional information you may find helpful.

Thank You,

Lee Memorial Health System  
Patient Business Services



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00884

PLAINTIFF: RAYMOND GRAY

**PLAINTIFF, RAYMOND GRAY'S, AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, RAYMOND GRAY, by and through his undersigned attorneys, hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you served Defendants with the Plaintiff Fact Sheet on 5/26/09.

**Response:** Denied.

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, RAYMOND GRAY'S, Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

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Respectfully submitted,

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Phone: (239) 433-6880  
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Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00884

**PLAINTIFF: RAYMOND GRAY**

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 26, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.
  - a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: Attached - Walgreens letter of May 1, 2008; Walgreens Personal Prescription Information**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: Attached – Labels for Digoxin prescriptions 1/28/07; 9/10/07; 6/3/07; 12/19/07; 4/7/07; 12/30/06**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: None in plaintiff's possession.**

- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: None in Plaintiff's possession.**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: Not Applicable**
- f. Decedent's death certificate and autopsy report (if applicable). **Response: Not applicable.**
- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.  
**Response: None in Plaintiff's possession.**
- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.  
**Response: None in Plaintiff's possession.**
- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.  
**Response: None in Plaintiff's possession.**
- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries  
**Response: None in Plaintiff's possession.**

#### CERTIFICATE OF SERVICE

I hereby certify that on August 28, 2009, I served Plaintiff, RAYMOND GRAY'S, First Supplement to Amended Digitek Plaintiff's Fact Sheet via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

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Respectfully submitted,

By: 

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MICHAEL GOETZ, ESQ.  
Florida Bar No. 963984  
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Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)

2 A





May 1, 2008

## URGENT DRUG RECALL INFORMATION

Dear Walgreens Prescription Customer,

Our records indicate that between April 25, 2007 and April 25, 2008, you received one or more prescriptions for Digoxin (Digitek®) tablets from a Walgreens pharmacy.

The manufacturer of Digoxin (Digitek®) is recalling all lots of this medication because there is the possibility that some tablets may have double the appropriate thickness and may contain twice the appropriate level of active ingredient.

Please note that it is important to ensure your dosage of Digoxin (Digitek®) is correct and that you do not discontinue your medication.

We ask that you attempt to contact your physician or other health care provider and share this information with them. You may return any remaining Digoxin (Digitek®) tablets to your local Walgreens pharmacy for a replacement.

If you have questions about this recall, you may contact the manufacturer at 1-888-276-6166, Monday through Friday 8 a.m. to 5 p.m. Eastern Time, or visit the web site [www.actavis.us](http://www.actavis.us). Information is also available at the FDA web site [www.fda.gov](http://www.fda.gov).

Thank you for your attention to this matter. We look forward to seeing you at Walgreens so that we can continue to serve all of your healthcare needs.

Sincerely,

Kermit R. Crawford, R.Ph.  
Senior Vice President  
Pharmacy Services

**Walgreens**  
The Pharmacy Inside Your Store**Your Personal Prescription Information**

PATIENT **RAYMOND GRAY**  
 MEDICATION **DIGOXIN 0.25MG TABLETS (WHITE)**  
 QUANTITY **30**  
 DIRECTIONS **TAKE ONE TABLET BY MOUTH EVERY MORNING**

NDC **62794-0146-10**

WHITE



Side 1: B146

PHARMACY PH (901)353-0639

P. NC CROSS, MD

Our records show that you have reported no allergies.

Our records show that you have reported no special health conditions:

**INGREDIENT NAME:****DIGOXIN (di-JOX-in)****COMMON USES:**

This medicine is a cardiac glycoside used to treat heart failure and some irregular heart rhythms.

**BEFORE USING THIS MEDICINE:**

Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking acarbose, amphotericin B, aminoglycoside, macrolide or tetracycline antibiotics; amiodarone; cholestyramine; colestipol; cyclosporine; diltiazem; indomethacin; itraconazole; loop or thiazide diuretics; penicillamine; propafenone; quinidine; quinine; verapamil; or medicine for cancer or thyroid conditions. **INFORM YOUR DOCTOR** of any other medical conditions, allergies, pregnancy, or breast-feeding. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a history of ventricular fibrillation. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:**

Follow the directions for using this medicine provided by your doctor. **DO NOT TAKE THIS MEDICINE** within 1 hour of food high in fiber. **STORE THIS MEDICINE** at room temperature, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE** and remember the same day, take the missed dose. If you do not remember until the next day or if it is more than 12 hours since your missed dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:**

**DO NOT STOP TAKING THIS MEDICINE** without first checking with your doctor. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are using this medicine. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

**POSSIBLE SIDE EFFECTS:**

**CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience confusion, restlessness, agitation, unusual tiredness or weakness, loss of appetite, nausea, vomiting, diarrhea, fast/slow/irregular heartbeat, or changes in vision. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

**OVERDOSE:**

If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include changes in vision, loss of appetite, nausea, vomiting, diarrhea, dizziness, weakness, and irregular heartbeat.

**ADDITIONAL INFORMATION:**

**DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children. **IF YOU WILL BE USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, be sure to obtain necessary refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA**

2b

12/30/06 14:06 1154313-02891

RAYMOND GRAY  
2700 ORMAN  
MEMPHIS, TN 38127

LF 11/27/06  
(901)358-0090  
NDC 62794-0146-10

DAW NCLASSRX#DAYS30  
SAE HCS \$1.00  
PAY CODE 0 AHAMPD

P. NORTHCROSS, MD  
969 PEABODY AVE  
MEMPHIS, TN 38104  
(901)523-7781

Take This Medicine 30 To 60  
Minutes Before Food High In  
Fiber.

Most Insurance allow refill  
on or after 01/24/2007

DOB 06/26/59 M  
PROMISED TIME SAT 4:00PM 12/30/06  
Our records show that you have reported no charges.

NDC 62794-0146-10

WHITE



Side 1: 8146

REFILL  
10 DRAM

CELL 28

Store TT 1 of 5

2644 JAMES ROAD MEMPHIS, TN 38127

RAYMOND GRAY

2700 ORMAN  
MEMPHIS, TN 38127

NO 1154313-02891 DATE 12/30/06

DIGOXIN 0.25MG TABLETS (WHITE)

QTY 30 3 REFILLS BEFORE 11/27/07

REFILL \$11.99 Your Insurance Saved You: \$10.99

XXX/MJK/ /MJK

PLAN AHAMPD

PH (901)353-0639  
PATIENT PH (901)358-0090



\$ 1.00

P. NORTHCROSS, MD

CLAIM REF# A5067646937701

NDC 62794-0146-10  
MFG BERTEK

*Walgreens* Duplicate Receipt

DOB 06/26/59 M  
PROMISED TIME MON 12:00PM 01/20  
Our records show that you have reported no allergies:

NDC 62794-0146-10

WHITE

Side 1: B146

REF  
10 DRAM

CELL 28

Store TT 6 of 6

2644 JAMES ROAD MEMPHIS, TN 38127

**RAYMOND GRAY**2700 ORMAN  
MEMPHIS, TN 38127

NO 1154313-02891 DATE 01/28/07

**DIGOXIN 0.25MG TABLETS (WHITE)**QTY 30 2 REFILLS BEFORE 11/27/07  
REFILL \$11.99 Your Insurance Saved You: \$11.99

XXX/ / /MJK

PLAN MEMHLMPD  
GROUP# PDA12PH (901)353-0639  
PATIENT PH (901)358-0090

\$0.00

P. NORTHCROSS, MD

CLAIM REF# 070285330181009999

NDC 62794-0146-10  
MFG: BERTEK*Walgreens* Duplicate ReceiptQTY 30  
10 DRAM

XXX/MJK/MJK/MJK

**RAYMOND GRAY**

2700 Orman, Memphis, TN 38127

(901)352-4433

RX # 1184223-0. 1

DATE: 09/10/07

**DIGOXIN 0.25MG TABLETS (WHITE)**

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 62794-0146-10

\$0.00

P. NORTHCROSS, MD  
MFG: BERTEK  
XXX/ / /SKBPLAN: MEMHLMPD  
GROUP# PDA12  
CLAIM REF# 072537843943032999*Walgreens*

2644 JAMES ROAD MEMPHIS, TN 38127

PH: (901)353-0639

Customer  
Receipt

Pharmacy use only

TUE 12:00PM  
RefillDIGOXIN 0.25MG TABLETS (WHITE)  
62794-0146-10  
FAST RACK**RAYMOND GRAY**2700 Orman, Memphis, TN 38127  
(901)358-0090

RX # 1184223-02891

DATE: 06/03/07

**DIGOXIN 0.25MG TABLETS (WHITE)**

QTY: 30 3 REFILLS BEFORE 10/18/07

Refill NDC: 62794-0146-10

\$0.00

P. NORTHCROSS, MD  
MFG: BERTEK  
XXX/MJK/MJK/MJKPLAN: MEMHLMPD  
GROUP# PDA12  
CLAIM REF# 071543089361019999*Walgreens*

2644 JAMES ROAD MEMPHIS, TN 38127

PH: (901)353-0639

Duplicate  
ReceiptWHITE  
FRONT: B146**RAYMOND GRAY**

2700 Orman, Memphis, TN 38127

(901)352-4433

RX # 1210762-7 91

DATE: 12/19/07

**DIGOXIN 0.25MG TABLETS (WHITE)**

QTY: 30 2 REFILLS BEFORE 09/28/08

Refill NDC: 62794-0146-10

Retail Price: \$11.99 Your Insurance Saved You: \$10.99

\$1.00

P. NORTHCROSS, MD  
MFG: BERTEK  
SSC/ / /MJKPLAN: MEMHLMPD  
GROUP# PDA12  
CLAIM REF# 073534497357050999*Walgreens*

2644 JAMES ROAD MEMPHIS, TN 38127

PH: (901)353-0639

Customer  
Receipt

Pharmacy use only

WED 3:45PM  
RefillDIGOXIN 0.25MG TABLETS (WHITE)  
62794-0146-10  
FAST RACK**RAYMOND GRAY**

2700 Orman, Memphis, TN 38127

(901)358-0090

RX # 1154313-0 1

DATE: 04/07/07

**DIGOXIN 0.25MG TABLETS (WHITE)**

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 62794-0146-10

\$0.00

P. NORTHCROSS, MD  
MFG: BERTEK  
XXX/ / /MJKPLAN: MEMHLMPD  
GROUP# PDA12  
CLAIM REF# 070973933320002999*Walgreens*

2644 JAMES ROAD MEMPHIS, TN 38127

PH: (901)353-0639

Customer  
Receipt

Pharmacy use only

SAT 3:00PM  
RefillDIGOXIN 0.25MG TABLETS (WHITE)  
62794-0146-10  
CELL 27



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00885

PLAINTIFF: JESSIE HICKMAN

**PLAINTIFF, JESSIE HICKMAN'S, AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, JESSIE HICKMAN, by and through his undersigned attorneys, hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you served Defendants with the Plaintiff Fact Sheet on 5/26/09.

**Response:** Denied.

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, JESSIE HICKMAN'S, Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

Fred Thompson, III, Esquire  
Motley Rice, LLC  
28 Bridgeside Boulevard  
Mt. Pleasant, South Carolina 29464  
E-Mail: [Fthompson@motleyrice.com](mailto:Fthompson@motleyrice.com)

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Respectfully submitted,

By: 

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00885

PLAINTIFF: JESSIE HICKMAN

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 26, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.
  - a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: None in Plaintiff's possession**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: None in Plaintiff's possession**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: None in Plaintiff's possession.**

- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: None in Plaintiff's possession.**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: Not Applicable**
- f. Decedent's death certificate and autopsy report (if applicable). **Response: Not applicable.**
- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.  
  
**Response: Medication List of 8/15/07 from Memphis Cardiac Care Center is attached.**
- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.  
  
**Response: None in Plaintiff's possession.**
- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.  
  
**Response: None in Plaintiff's possession.**
- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries

**Response: None in Plaintiff's possession.**

#### **CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, JESSIE HICKMAN'S, First Supplement to Amended Digitek Plaintiff's Fact Sheet to the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

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Respectfully submitted,

By: 

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MICHAEL GOETZ, ESQ.  
Florida Bar No. 963984  
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Email: [sweinstein@forthepeople.com](mailto:sweinstein@forthepeople.com)  
Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)

29

Memphis Cardiac Care Center  
Medication List

Name: Jessie Hickman  
Date: 8.15.07

1. Tera Zosin 5mg QD
2. Spirnolactone 25mg QD
3. Warfarin 4mg QD
4. Digitek 250mcg QD
5. Glipizide XL 2.5mg BID
6. Coreg 25mg BID
7. Isosorbide Dinitrate 20mg BID
8. Lisinopril 40mg QD
9. Lasix 40mg QD
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00886

PLAINTIFF: SHIRLEY HURLEY

**PLAINTIFF, SHIRLEY HURLEY'S, AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, SHIRLEY HURLEY, by and through her undersigned attorneys, hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you served Defendants with the Plaintiff Fact Sheet on 5/26/09.

**Response:** Denied

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, SHIRLEY HURLEY'S, Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
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30 Capitol Street  
P.O. Box 1723  
Charleston, West Virginia 25326  
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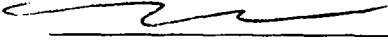
Carl N. Frankovitch, Esquire  
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Respectfully submitted,

By:   
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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00886

PLAINTIFF: SHIRLEY HURLEY

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 26, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.
  - a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: Attached - RiteAid letter and press release 4/28/08**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: Attached – copy of prescription label 3/31/08**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: None in plaintiff's possession.**

- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: None in Plaintiff's possession.**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: Not Applicable**
- f. Decedent's death certificate and autopsy report (if applicable). **Response: Not applicable.**
- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.

**Response: None in Plaintiff's possession.**

- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.

**Response: None in Plaintiff's possession.**

- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.

**Response: None in Plaintiff's possession.**

- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries

**Response: None in Plaintiff's possession.**

#### **CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, SHIRLEY HURLEY'S, First Supplement to Amended Digitek Plaintiff's Fact Sheet via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
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E-Mail: [carln@facslaw.com](mailto:carln@facslaw.com)

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E-Mail: [rabetts@agmtlaw.com](mailto:rabetts@agmtlaw.com)

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Madeleine M. McDonough, Esquire  
Shook, Hardy & Bacon LLP  
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Kansas City, Missouri 64108-2613  
E-Mail: [hkaplan@shb.com](mailto:hkaplan@shb.com)  
[mmcdonough@shb.com](mailto:mmcdonough@shb.com)

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[matthew.moriarty@tuckerellis.com](mailto:matthew.moriarty@tuckerellis.com)  
[kristen.mayer@tuckerellis.com](mailto:kristen.mayer@tuckerellis.com)

Respectfully submitted,

By: 

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Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)

2a



April 28, 2008

Dear Valued Rite Aid Patient:

This letter is to inform you that Mylan Pharmaceuticals has voluntarily recalled all lot numbers of all strengths of Digitek, also known as digoxin, manufactured by Actavis Totowa. Enclosed is the press release in respect to this recall. These tablets may contain twice the approved level of active ingredient.

By receiving this letter, you, or a member of your family, have been identified as having received a recent prescription for Digitek. The label of affected Digitek prescriptions may show one of the following manufacturers: Bertek or UDL.

Mylan, the distributor of Digitek, has set up a recall line to provide additional information about the recall and will provide you a consumer packet to facilitate return of unused product. The toll-free phone number is 1-888-276-6166. You may also return any unused product to your local Rite Aid Pharmacy.

If you have not already done so, please talk with your healthcare provider to report the possibility of having received a higher than prescribed dose of Digitek (digoxin) and whether additional refills of digoxin are appropriate. If, after discussing with your healthcare provider, additional refills of digoxin are needed, please contact your local Rite Aid pharmacy for a refill.

Due to this recall, replacement product will be available in limited supply. Rite Aid is currently working to acquire a supply of product from alternate manufacturers.

Should you have any further questions, please contact your Rite Aid pharmacist.

Sincerely,

Your Rite Aid Pharmacy

PRESS NEWSROOM: ARTICLE

## PRESS RELEASES

25.04.2008 / Product

### **Actavis Totowa (formerly known as Amide Pharmaceutical, Inc.) recalls all lots of Bertek and UDL Laboratories Digitek (digoxin tablets, USP) as a precaution**

*Morristown, NJ, 25 April, 2008* - Actavis Totowa LLC, a United States manufacturing division of the international generic pharmaceutical company Actavis Group, is initiating a Class 1 nationwide recall of Digitek (digoxin tablets, USP, all strengths) for oral use. The products are distributed by Mylan Pharmaceuticals, Inc. under a "Bertek" label and by UDL Laboratories, Inc. under a "UDL" label.

The voluntary all-lot recall is due to the possibility that tablets with double the appropriate thickness may have been commercially released. These tablets may contain twice the approved level of active ingredient than is appropriate.

Digitek is used to treat heart failure and abnormal heart rhythms. The existence of double-strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause nausea, vomiting, dizziness, low blood pressure, cardiac instability and bradycardia. Death can also result from excessive Digitalis intake. Several reports of illness and injuries have been received.

Actavis manufactures the products for Mylan and the products are distributed by Mylan and UDL under the Bertek and UDL labels. Bertek and UDL are affiliates of Mylan.

**Any customer inquiries related to this action should be addressed to Stericycle customer service at 1-888-276-6166 with representatives available Monday through Friday, 8 am to 5 pm EST. Additional information about the voluntary recall can also be found at [www.actavis.us](http://www.actavis.us).**

**Retailers who have this product are urged to return the product to their place of purchase. If consumers have medical questions, they should contact their health care providers.**

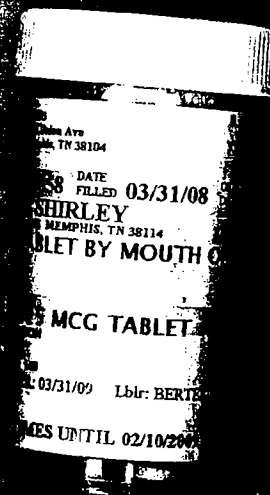
This recall is being conducted with the knowledge of the Food and Drug Administration.

Any adverse reactions experienced with the use of this product, and/or quality problems should also be reported to the FDA's MedWatch Program by phone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, by mail at MedWatch, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch website at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

2b









UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00888

PLAINTIFF: GENEVA RICHMOND, Deceased

**PLAINTIFF, GENEVA RICHMOND'S, AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, GENEVA RICHMOND, Deceased, by and through her undersigned attorneys,  
hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of  
Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended  
Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical  
records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical  
records or pharmacy records in your possession when you served Defendants with the Plaintiff  
Fact Sheet on 5/26/09.

**Response:** Denied.

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, GENEVA RICHMOND'S, Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

Fred Thompson, III, Esquire  
Motley Rice, LLC  
28 Bridgeside Boulevard  
Mt. Pleasant, South Carolina 29464  
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Kansas City, Missouri 64108-2613  
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[mmcdonough@shb.com](mailto:mmcdonough@shb.com)

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Kristen L. Mayer, Esquire  
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[kristen.mayer@tuckerellis.com](mailto:kristen.mayer@tuckerellis.com)

Respectfully submitted,

By: 

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00888

**PLAINTIFF: GENEVA RICHMOND (Deceased)**

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 26, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.
  - a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: Attached - Walgreens letter of May 1, 2008**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: Attached – label from Digoxin prescription bottle dated 3/13/08**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: None in plaintiff's possession.**



- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: Attached – two photographs of Geneva Richmond with breathing tube equipment**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: None in plaintiff's possession.**
- f. Decedent's death certificate and autopsy report (if applicable).

**Response: Attached – Death Certificate 12/3/08**

- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.

**Response: Attached Methodist Le Bonheur Healthcare-Conditions of Admissions, Consent for Treatment, Assignment of Benefits 4/28/08**

- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.

**Response: None in Plaintiff's possession.**

- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.

**Response: None in Plaintiff's possession.**

- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries

**Response: None in Plaintiff's possession.**

#### **CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, GENEVA RICHMONDS' (Deceased), First Supplement to Amended Digitek Plaintiff's Fact Sheet via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

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Motley Rice, LLC  
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Mt. Pleasant, South Carolina 29464  
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[mmcdonough@shb.com](mailto:mmcdonough@shb.com)

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Respectfully submitted,

By: 

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2A



May 1, 2008

## URGENT DRUG RECALL INFORMATION

Dear Walgreens Prescription Customer,

Our records indicate that between April 25, 2007 and April 25, 2008, you received one or more prescriptions for Digoxin (Digitek®) tablets from a Walgreens pharmacy.

The manufacturer of Digoxin (Digitek®) is recalling all lots of this medication because there is the possibility that some tablets may have double the appropriate thickness and may contain twice the appropriate level of active ingredient.

Please note that it is important to ensure your dosage of Digoxin (Digitek®) is correct and that you do not discontinue your medication.

We ask that you attempt to contact your physician or other health care provider and share this information with them. You may return any remaining Digoxin (Digitek®) tablets to your local Walgreens pharmacy for a replacement.

If you have questions about this recall, you may contact the manufacturer at 1-888-276-6166, Monday through Friday 8 a.m. to 5 p.m. Eastern Time, or visit the web site [www.actavis.us](http://www.actavis.us). Information is also available at the FDA web site [www.fda.gov](http://www.fda.gov).

Thank you for your attention to this matter. We look forward to seeing you at Walgreens so that we can continue to serve all of your healthcare needs.

Sincerely,

A handwritten signature in black ink, which appears to read "Kermit R. Crawford". The signature is fluid and cursive.

Kermit R. Crawford, R.Ph.  
Senior Vice President  
Pharmacy Services

2B

GENEVA RICHMOND  
1001 PRENOLD... MEMPHIS, TN 38103  
DATE 03/13/08

**DIGOXIN 0.125MG TABLETS (YELLOW)**  
WECB 88176  
TAKE 1 TABLET BY  
MOUTH EVERY DAY

Rx 3058357-73176  
Qty 30  
NO REFILLS  
USE BEFORE 03/13/08  
K. SHAUGHNESSY

*Walgreens*  
The Pharmacy America Trust®

20



Geneva Richmond

2 f

# STATE OF TENNESSEE

## Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE  
NUMBER

REPRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

DECEDENT  
PARENTS  
INFORMANT  
DISPOSITION  
REGISTRAR  
CERTIFIER  
PHYSICIAN OR MEDICAL  
EXAMINER EXECUTING  
CERTIFICATE MUST  
COMPLETE AND SIGN  
MEDICAL CERTIFICATION  
WITHIN 48 HOURS  
SEE INSTRUCTIONS  
ON OTHER SIDE  
CAUSE OF  
DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>Greneva Lee Richmond</b>		2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 3, 2008</b>	
4. SOCIAL SECURITY NUMBER <b>410-78-6602</b>		5a. AGE LAST BIRTHDAY (Year) <b>65</b>		5b. UNDER 1 YEAR 5c. UNDER 1 DAY	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <b>Sept 24 1943</b>		8. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tennessee</b>	
9a. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> INPATIENT 2 <input type="checkbox"/> ER/OUTPATIENT 3 <input type="checkbox"/> DCA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) <b>St. Francis Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Willie Richmond</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>	
13a. RESIDENCE STATE <b>Tennessee</b>		13b. COUNTY <b>Shelby</b>		13c. CITY, TOWN OR LOCATION <b>Memphis</b>	
13d. STREET AND NUMBER OR RURAL LOCATION <b>4201 Pine Hollow</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE (American Indian, Black, White, etc. (Specify)) <b>Black</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or B+) <input checked="" type="checkbox"/>		17. FATHER'S NAME (First, Middle, Last) <b>Ben Edwards</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Sarah Lee</b>	
19a. INFORMANT'S NAME (Type/Print) <b>Cathy Simms</b>		19b. RELATIONSHIP TO DECEDENT <b>Daughter</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5160 Schott Road Memphis, Tennessee 38116</b>	
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Forest Hill (Midtown)</b>		20c. LOCATION (City or Town, State) <b>Memphis, Tennessee</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <b>Wendell Naylor</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4512</b>		21c. SIGNATURE OF EMBALMER <b>Wendell Naylor</b>	
21d. LICENSE NUMBER OF EMBALMER <b>4794</b>		22a. NAME AND ADDRESS OF FUNERAL HOME <b>M. J. Edwards Whitehaven Funeral Chapel 5494 Elvis Presley Blvd., Memphis, Tennessee 38116</b>		22b. LICENSE NUMBER OF FUNERAL HOME <b>802</b>	
23. REGISTRAR'S SIGNATURE <b>Martha S. [Signature]</b>		24. DATE FILED (Month, Day, Year) <b>Jan 15, 2009</b>		25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>[Signature]</b>	
25b. LICENSE NUMBER <b>TN 2422</b>		25c. DATE SIGNED (Month, Day, Year) <b>11/3/07</b>		26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>[Signature]</b>	
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. James R. Dismukes, 6263 Poplar Ave. #1052, Memphis, TN 38119</b>	
28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Chronic obstructive pulmonary disease</b> DUE TO (OR AS A CONSEQUENCE OF): a. <b>Chronic obstructive pulmonary disease</b> b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		31d. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

PH-1059 (REV. 6/99)

BIRTH NO.

ROA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

3289362

JAN 15 2009



Sharon M. Leinbach  
STATE REGISTRAR

Dennis Conner  
Local Registrar  
Shelby County

Date Issued



CERTIFICATION OF VITAL RECORD



2g



Methodist Healthcare University Hospital  
 Methodist Healthcare North Hospital  
 Methodist Healthcare South Hospital  
 Methodist Healthcare Germantown Hospital

Methodist Healthcare Extended Care Hospital  
 Le Bonheur Children's Medical Center  
 Methodist Healthcare Fayette Hospital

## GENERAL CONDITION OF ADMISSIONS CONSENT FOR TREATMENT, RELEASE OF INFORMATION ASSIGNMENT OF INSURANCE BENEFITS AND FINANCIAL AGREEMENT

- **MEDICAL AND SURGICAL CONSENT:** The undersigned consents to any examination (x-ray or otherwise), including but not limited to medications, infusions, transfusions of blood and blood products, anesthesia, surgical procedure or treatment (including the placement of prosthesis within a patient's body, photographs, videos, laboratory procedures which may include the drawing/testing of blood for any communicable disease such as hepatitis or HIV, and/or services rendered the patient by members of the medical staff, their representatives and/or employees, and hospital associates. The undersigned also consents to observation of surgical, diagnostic, or other procedures by medical personnel in training or by other appropriate persons permitted by the attending practitioner and allowed by hospital or department policy. In the event that I receive a transfusion of blood and/or blood products, I agree that the blood product supplier for the hospital may contact me about the blood donor advocate program and that any patient registration information related to me may be released by the hospital to such supplier for that purpose.
- **HEALTH CARE PROVIDERS:** Medical personnel, including treating physicians, who provide my care or treatment, may not be employees of the Hospital. These persons include emergency room physicians, pathologists, radiologists, anesthesiologists, anesthesiologists, psychologists and certain nurses and aides. **I agree that it is my responsibility to ask questions sufficient to make informed decisions based on the employment status/affiliations of my health care providers.** (The employment of private duty nurses or sitters is the responsibility of the patient.)
- **TISSUE/SPECIMEN ANALYSIS AND DISPOSAL:** Should my hospital stay involve the removal of tissue or parts of my body, including fetus or afterbirth, they may be retained or disposed of by the hospital, or forwarded to appropriate diagnostic entities for review and/or analysis.
- **PERSONAL VALUABLES:** It is understood that the hospital maintains a safe for money and valuables, and that the hospital will not be responsible for loss or damage to any money or property of the patient or others unless delivered to or deposited with the hospital for safekeeping and a written safekeeping receipt issued by the hospital therefor.
- **SAFETY:** For reasons of safety, personal electrical items will not be used in electrically susceptible areas. Personal televisions are prohibited. Only transistor-type battery operated radios are allowed. Any electrical appliances brought in by the patient must be approved by the fire and safety manager.
- **MEDICAL INFORMATION RECEIVED:** The patient if in a condition to receive it, and if not, the undersigned representative of the patient, acknowledges that he/she has been informed concerning the need for hospital services, the purpose of the patient entering the hospital, and the planned examinations, procedures, and treatment. It is understood that the practice of medicine is not an exact science, and no guarantee can be given by anyone as to the results that will be attained.
- **RELEASE OF INFORMATION:** I understand that the hospital and my physicians may disclose all or any part of my medical record or medical information to any person or organization described or specifically named in the hospital's Notice of Privacy of Practices and to any other persons or organizations for any purpose described therein. Our organization shares your health information with the MidSouth eHealth Alliance in a community-wide information system for the purposes of diagnosis and treatment. Other healthcare providers may access your health information through this system as part of your treatment. Contact the Facility Health Information Management Director for questions or concerns.
- **AUTHORIZATION TO PAY INSURANCE BENEFITS:** I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers, any information needed to file a claim for payment or any related Medicare or Medicaid/TennCare claims for payment. I hereby authorize direct payment to the hospital and other medical providers of all health, hospitalization, and all other insurance benefits and assign and transfer all benefits that I am entitled to or otherwise are due or payable to me or from my estate or from any source.
- **FINANCIAL AGREEMENT:** The undersigned SEVERALLY agree, whether signing as a patient or otherwise, that in consideration of the services rendered to patient, payment of the account is guaranteed by the undersigned in accordance with the regular rates and terms of the hospital and other medical providers, and is payable to the hospital and other medical providers. While any insurance or other protection related to the account of the hospital and other medical providers may be hereby assigned to and payable directly to the hospital and other medical providers, the undersigned clearly understands that the obligation to pay the hospital and other medical providers is primarily on the patient and the undersigned, and while insurance received by the hospital and to the medical providers will be applied to the patient's account, any part of the account not so paid by insurance is nevertheless owing and payable. In cases of default of payment, and if these accounts should be placed in the hands of a Collector or an Attorney for collection, all collection fees, attorney fees (which shall equal one-third of any balance due), cost and other expenses will be paid by the undersigned. Notice of dishonor, demand and protest are waived. It is further agreed that due to the high cost of billing and refunding small amounts, the hospital will not bill or refund under payments or over payments of less than five dollars (\$5.00) on final balances, except on a request of the patient or responsible party. Further, I understand that the terms of this Financial Agreement shall apply to all subsequent and future services rendered to me, my spouse, or my dependents by hospital and other medical providers unless this agreement is revoked by written notice sent certified mail prior to the subsequent date of admission.
- **RECEIPT OF COPY OF NOTIFICATION TO MEDICARE/MEDICAID EXCLUSIONS (ON REVERSE SIDE):** I certify that I have received a copy of the General and Specific Medicare exclusions which identifies the hospital charges that are **not** covered by Medicare/Medicaid/TennCare.

The above conditions apply to all units within the hospital system and this form is valid at each hospital for the length of the admission, including any discharge and readmission to another unit or facility or hospital during hospitalization. The release of information set forth hereinabove is valid for one year from date of discharge and the assignment of insurance benefits and financial agreement is valid until final settlement of the account is received.

Hospital has my permission to publish my name in the hospital directory and/or alphabetic listing [Yes]\_\_\_\_ [No]\_\_\_\_ (Please initial)

**ACKNOWLEDGMENT OF PRIVACY NOTICE** \_\_\_\_\_ (initial) or (N/A if provided previously)

**UNABLE TO ACKNOWLEDGE BECAUSE:** [ ] unable to sign [ ] refused [ ] Other: \_\_\_\_\_

Patient's Signature (or Representative) for consent to treatment and release of information \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Relationship to Patient (if other than self): \_\_\_\_\_

Responsible Policyholder's Signature for Insurance Assignments: (1) \_\_\_\_\_

(2) \_\_\_\_\_

All financially responsible individuals: (1) \_\_\_\_\_

(2) \_\_\_\_\_





UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
No. 2:09-cv-00889

PLAINTIFF: SHIRLEY WILLIAMS,

**PLAINTIFF, SHIRLEY WILLIAMS', AMENDED RESPONSE TO  
DEFENDANTS' FIRST REQUEST FOR ADMISSIONS**

Plaintiff, SHIRLEY WILLIAMS, by and through her undersigned attorneys, hereby responds to Defendants' Requests for Admissions served June 9, 2009, as follows:

**REQUESTS FOR ADMISSIONS**

**Request for Admission No. 1:** Admit that you did not serve Defendants with any of Plaintiff's Medical records or pharmacy records when you served the Plaintiff Fact Sheet.

**Response:** Admitted. However, please see Plaintiff's First Supplement to Amended Digitek® Plaintiff's Fact Sheet filed contemporaneously herewith.

**Request for Admission No. 2:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you filed the Complaint in this case.

**Response:** Denied.

**Request for Admission No. 3:** Admit that you did not have any of Plaintiff's medical records or pharmacy records in your possession when you served Defendants with the Plaintiff Fact Sheet on 5/26/09.

**Response:** Denied.

**CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, SHIRLEY WILLIAMS', Amended Response to Defendants' First Request for Admissions to Defendants via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
E-Mail: [DMcLaughlin@cochranfirm.com](mailto:DMcLaughlin@cochranfirm.com)

Fred Thompson, III, Esquire  
Motley Rice, LLC  
28 Bridgeside Boulevard  
Mt. Pleasant, South Carolina 29464  
E-Mail: [Fthompson@motleyrice.com](mailto:Fthompson@motleyrice.com)

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30 Capitol Street  
P.O. Box 1723  
Charleston, West Virginia 25326  
E-Mail: [hfbell@belllaw.com](mailto:hfbell@belllaw.com)

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Rebecca A. Betts, Esquire  
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[mmcdonough@shb.com](mailto:mmcdonough@shb.com)

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[kristen.mayer@tuckerellis.com](mailto:kristen.mayer@tuckerellis.com)

Respectfully submitted,

By: 

SCOTT WM WEINSTEIN, ESQ.  
Florida Bar No. 563080  
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Florida Bar No. 963984  
Morgan & Morgan, P.A.  
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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

IN RE: DIGITEK®  
PRODUCT LIABILITY LITIGATION

MDL No. 1968  
SDWV No. 2:09-cv-00889

PLAINTIFF: SHIRLEY WILLIAMS

**FIRST SUPPLEMENT TO**  
**AMENDED DIGITEK® PLAINTIFF'S FACT SHEET**

**IX. DOCUMENT DEMANDS**

1. Authorizations: please sign authorizations that are attached hereto as Exhibit A, for each of the healthcare providers that you have identified above in your Answers to §II, Question Nos. 1-3, and § IV, Question No. 2.

**RESPONSE: Authorizations for each healthcare provider were previously provided in Plaintiff's Fact Sheet served on May 26, 2009.**

2. Documents in your possession, including writings on paper or in electronic form: If you have any of the following materials in your custody or possession, please attach a copy to this Fact Sheet.
  - a. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Digitek®.

**Response: Attached: RiteAid letter of 4/28/08**

- b. Copies of the entire packaging, including the box and label, for Digitek® and any Digitek® tablets (plaintiffs or their counsel must maintain the originals of the items requested in this subpart).

**Response: None in Plaintiff's possession**

- c. All documents relating to your purchase of Digitek®, including, but not limited to, receipts, prescriptions or records of purchase.

**Response: Attached: RiteAid prescription records 1/1/08-12/13/08 and Humana prescription records 12/1/07 – 3/31/08**

- d. All photographs, drawing, journals, slides, videos, DVDs or any other media relating to your alleged injury. **Response: None in Plaintiff's possession.**
- e. Copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable). **Response: Not Applicable**
- f. Decedent's death certificate and autopsy report (if applicable). **Response: Not applicable.**
- g. Medical records, bills, correspondence, reports and all other documents from any health care provider who saw, evaluated or treated Plaintiff/Decedent in the last five (5) years.

**Response: None in plaintiff's possession.**

- h. All emergency responder, paramedic or EMT reports regarding Plaintiff/Decedent.

**Response: None in Plaintiff's possession.**

- i. Documents concerning any communication between Plaintiff/Decedent or Plaintiff/Decedent's attorneys or agents and the FDA or any Defendant regarding the events giving rise to the lawsuit or relating to Digitek.

**Response: None in Plaintiff's possession.**

- k. Non-privileged documents, including any diaries, calendars or notes that record Plaintiff/Decedent's health, use of Digitek or alleged injuries

**Response: None in Plaintiff's possession.**

#### **CERTIFICATE OF SERVICE**

I hereby certify that on August 28, 2009, I served Plaintiff, SHIRLEY WILLIAMS', First Supplement to Amended Digitek Plaintiff's Fact Sheet via electronic mail, upon the following parties, addressed as follows:

David A. McLaughlin Esquire  
The Cochran Firm  
40 S. Main Street  
Memphis, Tennessee 38103  
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[kristen.mayer@tuckerellis.com](mailto:kristen.mayer@tuckerellis.com)

Respectfully submitted,

By: 

SCOTT WM WEINSTEIN, ESQ.  
Florida Bar No. 563080  
MICHAEL GOETZ, ESQ.  
Florida Bar No. 963984  
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Email: [mgoetz@forthepeople.com](mailto:mgoetz@forthepeople.com)



2a



April 28, 2008

Dear Valued Rite Aid Patient:

This letter is to inform you that Mylan Pharmaceuticals has voluntarily recalled all lot numbers of all strengths of Digitek, also known as digoxin, manufactured by Actavis Totowa. Enclosed is the press release in respect to this recall. These tablets may contain twice the approved level of active ingredient.

By receiving this letter, you, or a member of your family, have been identified as having received a recent prescription for Digitek. The label of affected Digitek prescriptions may show one of the following manufacturers: Bertek or UDL.

Mylan, the distributor of Digitek, has set up a recall line to provide additional information about the recall and will provide you a consumer packet to facilitate return of unused product. The toll-free phone number is 1-888-276-6166. You may also return any unused product to your local Rite Aid Pharmacy.

If you have not already done so, please talk with your healthcare provider to report the possibility of having received a higher than prescribed dose of Digitek (digoxin) and whether additional refills of digoxin are appropriate. If, after discussing with your healthcare provider, additional refills of digoxin are needed, please contact your local Rite Aid pharmacy for a refill.

Due to this recall, replacement product will be available in limited supply. Rite Aid is currently working to acquire a supply of product from alternate manufacturers.

Should you have any further questions, please contact your Rite Aid pharmacist.

Sincerely,

Your Rite Aid Pharmacy

2c



Rite Aid #7:98 -  
4212 ELVIS PRESLEY BLVD.  
MEMPHIS, TN 38116-6424  
(901) 332-4997

With us, it's personal.

# PATIENT HISTORY REPORT

01/01/2008 To 12/31/2008

WILLIAMS SHIRLEY  
6054 MISSION RIDGE DR  
MEMPHIS, TN 38115-0000  
(901) 368-4719  
DOB: 03/24/1967

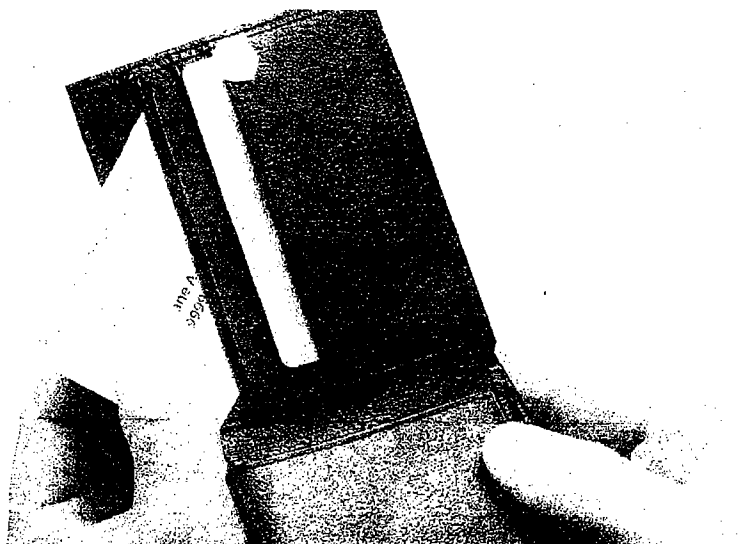
Date: 04/17/2009

Page: 1 of 2

Rx #	STORE	CF	RF	DATE	NDC	RPH	MEDICATION	CLM REF #	QTY DSP	DAYS SPLY	RETAIL PRICE	PAY AMT
				INSTRUCTION		PRESCRIBER						
1746571	7198	N	0	12/08/2008	00527132501	JEJ	DIGOXIN 250 MCG TABLET	A4287438451631	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily		CARPENTER, TERRELL, FNP						
1741115	7198	N	0	11/12/2008	00527132501	CPS	DIGOXIN 250 MCG TABLET		3	3	\$10.99	\$10.99
				take 1 tablet by mouth once daily for...		KING, DEWONA						
1340690	7194	N	0	10/31/2008	00527132501	PAG	DIGOXIN 250 MCG TABLET	A1287051940841	30	30	\$12.99	\$1.05
				take 1 tablet by mouth once daily		GREENLAW, HEALTH						
1702503	7198	N	3	09/09/2008	00527132501	JEJ	DIGOXIN 250 MCG TABLET	A0086536865141	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily for...		KING, DEWONA						
1702503	7198	N	2	08/01/2008	57664044188	CPS	DIGOXIN 250 MCG TABLET	A8286140480221	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily for...		KING, DEWONA						
1702503	7198	N	1	06/18/2008	57664044188	RSC	DIGOXIN 250 MCG TABLET	A8085706771991	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily for...		KING, DEWONA						
1702503	7198	N	0	05/08/2008	57664044188	TLW	DIGOXIN 250 MCG TABLET	A9085291362121	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily for...		KING, DEWONA						
1648999	7198	N	5	03/23/2008	62794014601	CPS	DIGITEK 250 MCG TABLET	A6084836750481	30	30	\$11.99	\$1.05
				take 1 tablet by mouth once daily		DRAKE, SABRA F						

\*\*\*\*\*THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. \*\*\*\*\*  
\*\*\*\*\*THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES.\*\*\*\*\*

Humana has listed all the prescription drugs you are currently taking on this wallet-sized drug card. Cut it out, fold it up, and keep it in your wallet for emergencies and visits to your doctor or pharmacist. Look for an updated card with your most current prescription drug list every few months in your SmartSummary Rx.



along hash marks

along marks

in wallet or purse

**Name: SHIRLEY WILLIAMS**

**Member ID: H56136808**

FOLD

FOLD

ALTACE	30	5MG
DIGITEK	30	250MCG
FUROSEMIDE	45	40MG
METOPROLOL TARTRATE	180	25MG
POTASSIUM CHLORIDE	30	20MEQ

FOLD

FOLD

M0006\_GH22633RR [03/07]

C0006\_GH22633RR [03/07]

RITE AID PHARMACY # 7198  
4212 ELVIS PRESLEY BLVD.

MEMPHIS TN 38116

Rx 07198 1648999 Date Filled: 11/12/2007

WILLIAMS, SHIRLEY

Date of Birth: 03/24/1967

205 E RAINES RD

MEMPHIS TN 38109

DIGITEK 250 MCG TABLET

NDC: 62794-0146-01 QTY: 30

SABRA F DRAKE MD

360 E.H. CRUMP BLVD

MEMPHIS TN 38126

REFILL 9 TIMES UNTIL 07/25/2008

HUMANA MEDICARE PART D <BIN#610649 PCN#032000

GRP: P5441003

CLM REF #: A0277161963691

DAW: 0

DAYS SUPPLY: 30

medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: confusion, dizziness, weakness, mental/mood changes (e.g., anxiety, depression, hallucinations), fast/slow/irregular heartbeat, vision changes (blurred vision or yellow/green halos around objects), enlarged/tender breasts. A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching, swelling, severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist.

#### PRECAUTIONS

Before taking digoxin, tell your doctor or pharmacist if you are allergic to it; or to other forms of digitalis (e.g., digitoxin); or if you have any other allergies. Before using this medication, tell your doctor or pharmacist your medical history, especially of: kidney problems, liver disease, lung disease, untreated mineral imbalance (high or low calcium, low potassium or magnesium), underactive or overactive thyroid, certain types of heart disease (e.g., severe heart failure, abnormal heart rhythm), rheumatic fever. Difficult breathing, trouble walking and swelling in your lower legs and ankles may be signs that your medications need adjustment. If normal activity causes shortness of breath, or if you awaken frequently during the night due to shortness of breath, tell your doctor immediately. Do not change any of your medications without consulting your doctor. This drug works best when blood potassium and magnesium levels are kept in a normal range. Certain drugs such as diuretics ("water pills") may lower the amount of these minerals in your body. Ask your doctor about adding potassium and/or magnesium to your diet. Your doctor may prescribe a potassium and/or magnesium supplement. Before having surgery or certain procedures on your heart (e.g., electrical cardioversion), tell your doctor or dentist that you are using this medication. Caution is advised when using this drug in infants and children because they may be more sensitive to the effects of the drug, especially the effects on heart rhythm. This medication should be used only when clearly needed during pregnancy. Because the risks and benefits with your doctor. Digoxin passes into breast milk. While there have been no reports of harm to nursing infants, consult your doctor before breast-feeding.

#### DRUG INTERACTIONS

See also the How to Use section. Your healthcare professionals (e.g., doctor or pharmacist) may already be aware of any possible drug interactions and may be monitoring you for it. Do not start, stop or change the dosage of any medicine before checking with them first. Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially of: water pills (diuretics such as furosemide, hydrochlorothiazide, amiloride), corticosteroids (e.g., prednisone), laxatives (e.g., milk of magnesia), sodium polystyrene sulfonate, drugs for irregular heartbeat (antiarrhythmics such as amiodarone, flecainide, propafenone), calcium injection/supplements, calcium channel blockers (e.g., diltiazem, verapamil), beta-blockers (e.g., metoprolol, propranolol), adrenaline-type drugs (sympathomimetics such as pseudoephedrine, phenylephrine), certain nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, indomethacin), HIV protease inhibitors (e.g., zidovudine, zalcitabine), macrolide antibiotics (e.g., clarithromycin, erythromycin), tetracycline antibiotics (e.g., doxycycline, rifampin, rifabutin), aminoglycoside antibiotics (e.g., tobramycin, gentamicin), rifamycins (e.g., rifampin, rifabutin), propranolol, diphenoxylate, antacids, sacralate, sulfasalazine, metoclopramide, cholestyramine, colestipol, psyllium, certain immunosuppressants (e.g., cyclosporine and tacrolimus), certain drugs for cancer (e.g., cyclophosphamide, methotrexate), thyroid medications (e.g., levothyroxine, methimazole), alprazolam, amphotericin B, acetohex, hydroxychloroquine, fraxiparin, penicillamine, propantheline, phenytoin, quinine, certain herbal products (e.g., ginseng, St. John's wort). This document

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U&C: \$10.99

PAY: \$1.00

#### MEDICATION WARNINGS

IT IS VERY IMPORTANT THAT YOU USE THIS  
EXACTLY AS DIRECTED. DO NOT STOP DOSES OR  
DISCONTINUE LABELING DIRECTED BY YOUR  
DOCTOR

SOME NON-PRESCRIPTION DRUGS MAY  
AFFECT YOUR CONDITION. READ ALL  
PACKAGE INSTRUCTIONS. CONTACT YOUR DOCTOR  
IF NEEDED

HERBAL/DIETARY SUPPLEMENTS MAY INTERACT  
WITH THIS DRUG. DISCUSS ANY SUCH PRODUCTS  
WITH YOUR DOCTOR OR PHARMACIST

STORE IN A COOL, DRY PLACE

DO NOT TAKE THIS MEDICINE WITHIN 1 HOUR OF  
FOOD HIGH IN FIBER

Shirley Williams

Shirley Williams

Shirley Williams  
page 2 of 6

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurately reflected due to the amount of the adjustment. The "Average Retail Price" is the retail price submitted by the pharmacy at the time your claim was processed.

If you did not receive the medication below, please contact Humana's Special Investigations Unit at 1-800-558-4444 (TTY 1-800-325-2025) Monday to Friday 8 a.m.- 8 p.m., Saturday 8 a.m.- 3 p.m.

Drug name	Prescription cost with plan	What you paid	Medicare subsidy	What the plan paid
Nov 12, 2007, Rite Aid Corporation				
30 day supply	\$9.85	\$1.00	\$1.46	\$7.39
Drug Category: Preferred Generic				
Nov 12, 2007, Rite Aid Corporation				
30 day supply	\$8.06	\$1.00	\$1.02	\$6.04
Drug Category: Preferred Generic				
Nov 12, 2007, Rite Aid Corporation				
30 day supply	\$5.00	\$1.00	\$0.25	\$3.75
Drug Category: Preferred Generic				
Nov 12, 2007, Rite Aid Corporation				
30 day supply	\$53.92	\$3.10	\$10.38	\$40.44
Drug Category: Preferred brand				
Nov 12, 2007, Rite Aid Corporation				
30 day supply	\$5.40	\$1.00	\$0.35	\$4.05
Drug Category: Preferred Generic				
<b>Total for this year</b>	<b>\$650.18</b>	<b>\$58.90</b>	<b>\$302.42</b>	<b>\$288.86</b>





RITE AID PHARMACY # 7198  
4212 ELVIS PRESLEY BLVD.  
MEMPHIS TN 38116

Rx 07198 1648999 Date Filled: 12/24/2007

**WILLIAMS, SHIRLEY**  
Date of Birth: 03/24/1967  
205 E RAINES RD  
MEMPHIS TN 38109

**DIGITEK 250 MCG TABLET**  
NDC: 62794-0146-01 QTY: 30 DAW: 0  
DAYS SUPPLY: 30

**SABRA F DRAKE MD**  
360 E.H. CRUMP BLVD  
MEMPHIS TN 38126

**REFILL 8 TIMES UNTIL 07/25/2008**

**HUMANA MEDICARE PART D <BIN#610649 PCN#032000**  
CLM REF #: A8077584325731  
GRP: P5441003

**U&C: \$10.99**

**PAY: \$1.00**

# **MEDICATION WARNINGS**

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EXACTLY AS DIRECTED. DO NOT STOP OR  
DISCONTINUE UNLESS DIRECTED BY YOUR  
DOCTOR.

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AGGRAVATE YOUR CONDITION. READ ALL  
PACKAGE WARNINGS. CONTACT YOUR DOCTOR  
IF NEEDED.

HERBAL/OTC SUPPLEMENTS MAY INTERACT  
WITH THIS DRUG. DISCUSS ANY SUCH PRODUCTS  
WITH YOUR DOCTOR OR PHARMACIST.

STORE IN A COOL, DRY PLACE

DO NOT TAKE THIS MEDICINE WITHIN 1 HOUR OF  
FOOD HIGH IN FIBER

medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: confusion, dizziness, weakness, mental/mood changes (e.g., anxiety, depression, hallucinations), fast/slow/irregular heartbeat, vision changes (blurred vision or yellow/green halos around objects), enlarged/tender breasts. A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching, swelling, severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist.

## **PRECAUTIONS**

Before taking digoxin, tell your doctor or pharmacist if you are allergic to it; or to other forms of digitalis (e.g., digitoxin); or if you have any other allergies. Before using this medication, tell your doctor or pharmacist your medical history, especially of: kidney problems, liver disease, lung disease, untreated mineral imbalance (high or low calcium, low potassium or magnesium), underactive or overactive thyroid, certain types of heart disease (e.g., severe heart failure, abnormal heart rhythm), rheumatic fever. Difficult breathing, trouble walking and swelling in your lower legs and ankles may be signs that your medications need adjustment. If normal activity causes shortness of breath, or if you awaken frequently during the night due to shortness of breath, tell your doctor immediately. Do not change any of your medications without consulting your doctor. This drug works best when blood potassium and magnesium levels are kept in a normal range. Certain drugs such as diuretics ("water pills") may lower the amount of these minerals in your body. Ask your doctor about adding potassium and/or magnesium to your diet. Your doctor may prescribe a potassium and/or magnesium supplement. Before having surgery or certain procedures on your heart (e.g., electrical cardioversion), tell your doctor or dentist that you are using this medication. Caution is advised when using this drug in infants and children because they may be more sensitive to the effects of the drug, especially the effects on heart rhythm. This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. Digoxin passes into breast milk. While there have been no reports of harm to nursing infants, consult your doctor before breast-feeding.

## **DRUG INTERACTIONS**

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structions. Ask your doctor or pharmacist for more information at [www.RiteAid.com](http://www.RiteAid.com) or call 1-800-441-1000.

PAGE 1 OF 2



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RITE AID PHARMACY # 7198  
4212 ELVIS PRESLEY BLVD.  
MEMPHIS TN 38116  
(901) 332-4997  
Store DEA: BK2790017  
RPH: RSC

Rx 07198 1522462  
Date Filled: 03/21/2006

WILLIAMS, SHIRLEY  
Date of Birth: 03/24/1967  
205 E RAINES RD  
MEMPHIS TN 38109  
(901) 789-7978

DIGITEK 250 MCG TABLET  
NDC: 62794-0146-01 QTY: 30 DAW: 0  
DAYS SUPPLY: 30

SHAHID I KHAN  
1211 UNION AVE  
MEMPHIS TN 38104

REFILL 1 TIMES UNTIL 01/08/2007

HUMANA MEDICARE PART D <BIN#610649 PCN#032000  
GRP: P5441003 CLM REF #: A5064806787251

U&C: \$10.99

PAY: \$1.00

# MEDICATION WARNINGS

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IF NEEDED.

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WITH YOUR DOCTOR OR PHARMACIST.

STORE IN A COOL, DRY PLACE

DO NOT TAKE THIS MEDICINE WITHIN 1 HOUR OF  
FOOD HIGH IN FIBER

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PAGE 2 OF 2

# Rx Record

January 31, 2007 to December 31, 2007

Shirley Williams

Your Rx Record is provided as a courtesy to help you manage taking and refilling your medications, and to communicate with your doctor or pharmacist about the medications you are taking. You may want to have this with you on your next visit with your doctor or pharmacy.

The pictures displayed below should match the drugs you are currently taking. However, in some instances, your actual drug may look different. Contact your doctor or pharmacist for more information or if you have questions about the information displayed below.

*ALTACE (commonly used for: Heart)*

Category: Preferred brand  
 Quantity: 30 CAPS  
 Days supply: 30  
 Strength: 5MG

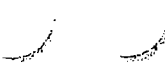
Pharmacy: Rite Aid Corporation  
 Doctor: Khan

Refill dates

*Please fill in your next refill date*

Mar '07  
2nd

Jan '07  
19th

*DIGITEK (commonly used for: Heart)*

Category: Preferred Generic  
 Quantity: 30 TABS  
 Days supply: 30  
 Strength: 250MCG

Pharmacy: Rite Aid Corporation  
 Doctor: Khan

Refill dates

*Please fill in your next refill date*

Mar '07  
5th

Jan '07  
19th

*FUROSEMIDE (commonly used for: Heart)*

Category: Preferred Generic  
 Quantity: 45 TABS  
 Days supply: 30  
 Strength: 40MG

Pharmacy: Rite Aid Corporation  
 Doctor: Khan

Refill dates

*Please fill in your next refill date*

Mar '07  
2nd

Shirley Williams  
page 2 of 6

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurately accurate because of the amount of the adjustment. The "Average Retail Price" is the retail price submitted by the pharmacy at the time your claim was processed.

If you did not receive the medication below, please contact Humana's Special Investigations Unit at 1-800-558-4444 (TTY 1-800-325-2025) Monday to Friday 8 a.m.- 8 p.m., Saturday 8 a.m.- 3 p.m.

Drug name	Prescription cost with plan	What you paid	Medicare subsidy	What the plan paid
Feb 10, 2008, Rite Aid Corporation 30 day supply Drug Category: Preferred Generic	\$9.85	\$1.05	\$8.80	\$0.00
Feb 10, 2008, Rite Aid Corporation 30 day supply Drug Category: Preferred brand	\$53.92	\$1.05	\$52.87	\$0.00
Feb 10, 2008, Rite Aid Corporation 30 day supply Drug Category: Preferred Generic	\$5.05	\$1.05	\$4.00	\$0.00
Feb 10, 2008, Rite Aid Corporation 30 day supply Drug Category: Preferred Generic	\$5.00	\$1.05	\$3.95	\$0.00
Feb 10, 2008, Rite Aid Corporation 30 day supply Drug Category: Preferred Generic	\$5.40	\$1.05	\$4.35	\$0.00



Shirley Williams  
page 2 of 8

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurately accurate because of the amount of the adjustment. The "Average Retail Price" is the retail price submitted by the pharmacy at the time your claim was processed.

If you did not receive the medication below, please contact Humana's Special Investigations Unit at 1-800-558-4444 (TTY 1-800-325-2025) Monday to Friday 8 a.m.- 8 p.m., Saturday 8 a.m.- 3 p.m.

Drug name	Prescription cost with plan	What you paid	Medicare subsidy	What the plan paid
Mar 23, 2008, Rite Aid Corporation				
30 day supply	\$5.05	\$1.05	\$4.00	\$0.00
Drug Category: Preferred Generic				
Mar 23, 2008, Rite Aid Corporation				
30 day supply	\$5.40	\$1.05	\$4.35	\$0.00
Drug Category: Preferred Generic				
Mar 23, 2008, Rite Aid Corporation				
30 day supply	\$53.92	\$1.05	\$52.87	\$0.00
Drug Category: Preferred brand				
Mar 23, 2008, Rite Aid Corporation				
30 day supply	\$9.85	\$1.05	\$8.80	\$0.00
Drug Category: Preferred Generic				
Mar 23, 2008, Rite Aid Corporation				
30 day supply	\$5.00	\$1.05	\$3.95	\$0.00
Drug Category: Preferred Generic				

